STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205163	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid Coast Senior Health Center	58 Baribeau Drive Brunswick, ME 04011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interview and record review, the facility failed to follow their policies ensuring staff wear required hair restraints, maintain the industrial mixer in a clean and sanitary condition and ensure food was not expired, outdated, unlabeled, or moldy for 1 of 3 kitchen tours observed. In addition, the facility failed to ensure the dishwashing machine maintained the proper temperature range necessary for effective cleaning and sanitizing for 7 of 7 temperature logs reviewed. These failures had the potential to affect all residents who consume facility prepared food. The facilities policy Infection Prevention - Kitchen requires that all Food Service staff comply with that all dishwashing staff comply with personal hygiene requirements, including wearing a hair and beard restraint and that all kitchen equipment including mixers be maintained in a clean and sanitary condition.On 8/4/25 from 9:30 a.m. to 10:30 a.m., during a kitchen tour with the Food Service Director, the following findings were observed: A male dishwasher with facial hair and no hair restraint. Dried flour residue was observed on the underside of the industrial mixer head.The facilities Food and Nutrition Services Policy - Food Storage states that food shall be labeled, dated, and stored in a manner to prevent spoilage contamination and the use of expired products.During the kitchen tour the following expired, outdated or improperly stored foods were observed in the refrigerator and walk-in cooler:1 gallon Monarch blue cheese salad dressing (open, no date, expired)1 6-pound Monarch sliced strawberries, dated 7-26, use by 8-21 gallon Ken's Dijon Honey Mustard Dressing (opened, no open date)1 9-pound 6-ounce Monarch Large Maraschino Cherries (no open date)1 5-pound Glenview Farms sour cream (Open, moldy, no date)1 16-ounce container of Ridgecrest Lobster Base (open, no date)1 3.5-liter container of orange juice (container had a hole)1 4-pound container of hummus (Open, no date, moldy)1 5-pound ham roast, dated 7-23, use by 8-34 moldy cantaloupes1 10-pound plastic container of [NAME] Potato salad (open, no date)1 open 16-ounce package of Elios Pita Pocket bread, originally containing eight pita pockets, with three pita pockets remaining had visible mold inside the packaging. The facility's Dish Machine Temperature Logs for January 2025 to July 2025 revealed multiple dates and periods where temperatures did not reach the required minimum of 165 F for the wash cycle and the final rinse/sanitizing cycle did not meet the minimum required temperature of 180 F.January 2025:Wash cycle temperatures below 165 at Breakfast - 1, 2, 4, 6, 9, 13, 28; Lunch - 1, 26 and 28; Dinner - 1, 2, 3, 4, 9, 21, 22, 25, 31.Rinse/Sanitizing cycle temperatures below 180 F at Breakfast - 16, 28 - Lunch - 23, 24 and 25.February 2025:Wash cycle temperatures below 165 F at Breakfast - 1; Lunch - 14, 18, 22 and 23; Dinner - 1, 2, 4, 5, 6, 8, 17, 23, 24, 25, 26, 27 and 28.Rinse/Sanitizing cycle temperatures below 180 F at Lunch - 8 and 16; Dinner - 4, 5 and 26 - 28.April 2025:Wash cycle temperatures below 165 F at Breakfast - 24 - 27; Lunch - 1, 5, 6, 10, 17, 18, 21, 24 -28 and 30; Dinner - 1, 2, 4, 5, 8-20, 23-31.Rinse/Sanitizing cycle temperatures below 180 F at Lunch - 3-7, 9, 14, 17, 21-28 - Dinner - 3-6, 8, 9, 11-18, 20, 22-31.May 2025Rinse/Sanitizing cycle temperatures below 180 F at Breakfast - 1-31; Lunch - 1-31; Dinner - 1-31.June 2025:Wash cycle temperatures below 165 F at Breakfast - 1, 2, 8-10, 12, 27, 28 and 30 Lunch - 1-6, 22, 23, 27-30 Dinner - 1-26 and 28-30.July 2025:Wash cycle temperatures below 165 F at Breakfast -3, 6 -11, 14 - 25, 28, 29 Lunch - 6-12, 18, 23, 25, 26 Dinner - 3, 7 - 28.On 8/6/25 at 11:03 a.m. the Food Service Director (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	confirmed that Dish machine temperatures were not consistently meeting required ranges and acknowledged that the logs showed out of range readings in January 2025 through July 2025 temperature logs.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews, the facility failed to ensure a resident's right to be free from physical restraint for 1of 4 residents observed wearing wheelchair seatbelts. In addition, the facility failed to follow its own policy titled Physical Restraints/Side Rails in the area of physical restraints. (Resident #22)On 8/5/25 a surveyor reviewed the facility policy titled Physical Restraints/Side Rails last reviewed/revised 9/2020 which stated: A physical restraint is any manual method, physical or mechanical device/equipment or material that limits a resident's freedom of movement and cannot be removed intentionally by the resident in the same manner as it was applied by staffUnder Section IV Procedure:1. An RN will complete a nursing assessment which includes resident behavior patterns, diagnoses that explain behaviors, resident safety needs and medications.2. The provider must be included in all discussions regarding the potential use of restraints.3. Only an RN or provider are authorized to apply restraints.4. Any restraint must be ordered by the provider. Note that the provider alone cannot warrant the use of the restraint without supporting clinical documentation that includes:a. Identification of the medical symptom(s) being treated and the specific type of restraint.b. Thoughtful individualized care planning by interdisciplinary team.c. Evidence that the use of the physical restraint is for the least amount of time possible.d. Evidence that interventions, including less restrictive alternatives, were attempted but were ineffective;e. Education and notification to the resident/representative of potential risks and benefits of all options under consideration including using a restraint, not using a restraint, and alternatives to restraint use;f. The length of time the restraint is anticipated to be used to treat the medical symptom,g. Where and how the restraint is to be applied and used,h. The time and frequency the restraint should be released and,i. Who may determine when the medical symptom has resolved in order to discontinue use of the restraint;j. The type of specific direct monitoring and supervision provided during the use of the restraint, including documentation of the monitoring;k. The identification of how the resident may request staff assistance and how needs will be met during the use of the restraint, such as for re-positioning, hydration, meals, using the bathroom and hygiene;l. The resident's record includes ongoing re-evaluation for the need for a restraint and is effective in treating the medical symptom; andm. The development and implementation of interventions to prevent and address any risks related to the use of the restraint.On 8/5/25 a surveyor reviewed Resident #22's Minimum Data Set assessment (MDS) dated [DATE] that documented an admission to facility on 4/8/25 with a diagnosis of dementia and a Brief Interview for Mental Status (BIMS) score of 02, indicating severe cognitive impairment. On 8/5/25 a surveyor reviewed a Physical Therapy (PT) assessment dated [DATE] under Standardized Assessments, Not appropriate for Standardized Assessments (provide reason) patient unable to follow instructions. On 8/5/25 at 2:11 p.m. surveyors observed Resident #22 in the common area sitting in a wheelchair against the wall. The wheelchair brakes were engaged, and Resident #22 was wearing a seatbelt. Resident #22 was observed straining against the seatbelt, attempting to stand up and move his/her wheelchair. Resident #22 was gesturing repeatedly and saying I want to go there. Resident #22 was in distress as demonstrated by his/her restless body movements, vocalizations and facial expressions. Activity Staff were present in the common room assisting other residents.On 8/5/25 at 2:13 p.m. surveyors approached Resident #22 and asked if he/she was able to unlatch the seatbelt. The resident continued to gesture and point and say he/she wanted to go there. No action was made by the resident that indicated he/she understood they were wearing a seatbelt or were able to unlatch it. A surveyor then asked Resident #22 if they were able to unlock the wheelchair brakes. Resident #22 made no action that indicated understanding of the brakes or how to unlock them. It was determined that Resident #22 was being restrained by the seatbelt and brakes on the wheelchair. Surveyors asked nearby staff to retrieve (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #22's nurse.The facility Director of Quality and Compliance and RN #1 arrived and were asked by surveyor if Resident #22 could independently remove the seatbelt or brakes. RN#1 stated yes but was unable to get Resident #22 to demonstrate this. Staff then immediately assisted the resident out of the chair and took Resident #22 for a walk.On 8/5/25 at 2:22 p.m. a surveyor interviewed the Director of Quality and Compliance and RN #1 and learned that the resident had been using a seatbelt since last week because he/she walked constantly and it was felt he/she needed to rest. When a resident wears a seatbelt in their wheelchair, they are reassessed every Friday for the ability to release themselves, but Resident #22 had not been reassessed because it hadn't been a week yet. RN #1 stated that Occupational Therapy (OT) did the initial safety assessment and put the seatbelt on the chair. They had not been following a restraint protocol because they said the resident could unlatch the seatbelt independently. Documentation failed to show any assessments, monitoring or follow-up assessments were done. I asked if he/she could cognitively understand the seatbelt and brakes and was told yes. I asked if the resident's cognitive status had changed from last week until now. They stated no, he was about the same. The Director of Quality and Compliance and RN #1 did acknowledge that Resident #22 was unable to cognitively manage the seatbelt and brakes at this time and was restrained.On 8/5/25 a surveyor reviewed Resident #22's Electronic Medical Record (EMR) and found it failed to show any nursing documentation about Resident #22 was wearing a seatbelt or that any of the steps listed above in the facility's policy Physical Restraints/Side Rails under Section IV: Procedures was completed. The EMR failed to document when the seatbelt was put on or the medical reason it was being used. Resident #22's care plan failed to include a focus, goal or intervention for the seatbelt. On 8/6/25 at 8:30 a.m. a surveyor observed Resident #22 independently ambulating in the hallway with a walker.On 8/6/25 at 9:40 a.m. a surveyor interviewed OT #1 who confirmed he/she put the seatbelt on Resident #22's wheelchair and learned that an assessment to ensure Resident #22 could physically and cognitively unlatch and latch a seatbelt had not been completed yet and was therefore not available. On 8/6/25 at 9:30 a.m. a surveyor met with the administrator, the director of nursing and the Director of Quality and Compliance about the findings.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, review of Safety Data Sheets (SDS) and interviews, the facility failed to ensure that the residents environment remained free from hazards with regards to chemicals for 3 of 3 survey days.A surveyor reviewed the Safety Data Sheets (SDS) for the following chemicals and found the GHS (Global Harmonized System) information for Hazard class and category. A Category 1 in this system indicates the highest level of hazard for that category. SDS for Might Bowl 64GHS US Classification: Serious eye Damage/eye irritation Category 1, Skin sensitization, category 1 SDS for GC2030 GHS US Classification: Skin corrosion/irritation Category 1A, Serious eye damage/eye irritation Category 1, Skin sensitization, Category 1 SDS for Professional LYSOL toilet bowl cleaner - Complete clean powerGHS US Classification: Corrosive to metals - Category 1, Acute Toxicity (oral) Category 4, Skin Corrosion Category 1, Serious Eye Damage - Category 1.On 8/4/25 at 10:37 a.m. A surveyor observed the spa room and the shower room on Mere Point Unit and found an unlocked cupboard in the spa room with a spray bottle containing liquid labeled Syntec Ready to Use GC2030. A surveyor also observed an unlocked cupboard in the shower room on Mere Point Unit with 2 spray bottles containing liquid with the following labels: Syntec Ready to use GC2030 and Syntec Ready to use Might Bowl 66. On 8/4/25 at 10:40 a.m. a surveyor showed the Administrator the unlocked cupboard in the shower room and stated concerns for the accessibility of the chemicals in this cupboard and the cupboard in the spa room. The Administrator confirmed that there were residents on the unit with cognitive deficits who were mobile, and the chemicals should be secured.On 8/4/25 at 12:30 a surveyor was told by the Director of Facilities that the shower cabinet was now secured. On 8/5/25 at 10:40 a.m. a surveyor observed the spa room and shower room on Mere Point Unit and found a cabinet in the spa room was unlocked and a spray bottle containing liquid labeled Syntec Ready to Use GC2030 was still accessible to residents. The cabinet in the shower room now had a magnetic removable knob that would lock and unlock the cabinet door. The door was found unlocked with 2 spray bottles containing liquid labeled Syntec ready to use GC2030 and Syntec Ready to use Mighty Bowl 66. In addition, a surveyor observed an unlocked linen closet in the Mere Point Unit with a bottle of Lysol Toilet Bowl Cleaner on the top shelf, accessible to residents who are ambulatory.On 8/06/2025 at 07:52 a.m. a surveyor observed an open door to the spa room and found an unlocked cabinet with a spray bottle containing liquid labeled Syntec Ready to Use GC2030. On 8/6/25 at 11:40 a.m. a surveyor met with the Administrator about the findings.